



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers (with the exception of Dentists) and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 9/12/2007

SUBJECT: Virginia Medicaid Healthy ReturnsSM Disease Management Program
Expanded to Include Chronic Obstructive Pulmonary Disease (COPD)
– Effective May 1, 2007

The purpose of this memorandum is to inform you that the Department of Medical Assistance Services (DMAS) added chronic obstructive pulmonary disease (COPD) to the Virginia Medicaid Healthy ReturnsSM Disease Management (DM) Program in May 2007. With the addition of COPD, Healthy ReturnsSM now helps patients better understand and manage five health conditions (**coronary artery disease, congestive heart failure, asthma, diabetes, and COPD**) through prevention, education, lifestyle changes, and adherence to prescribed plans of care (POCs). The purpose of the program is not to offer medical advice, but rather to support provider staff in reinforcing patients' POCs.

Also, in the next several weeks, you should receive a provider satisfaction survey about the Healthy ReturnsSM program. We would appreciate it if you could take the time to respond to the survey because your input on the positive aspects of the program is extremely valuable, as are your suggestions on how to improve the Healthy ReturnsSM program. Your input is also critical to ensuring that the Healthy ReturnsSM program delivers services to support and complement the care you provide to your patients.

Healthy ReturnsSM is offered to all fee-for-service Medicaid and FAMIS enrollees with the exception of: (1) individuals enrolled in Medicaid/FAMIS managed care organizations (MCOs); (2) individuals enrolled in Medicare (dual eligibles); (3) individuals who live in institutional settings (such as nursing facilities); and (4) individuals who have third-party insurance.

Healthy ReturnsSM is unique in that it includes individuals who receive home-and-community-based waiver services (those who are not dual eligibles). Medicaid beneficiaries enrolled in

Medicaid MCOs are not eligible for Healthy ReturnsSM because they receive similar DM services through their MCOs.

Healthy ReturnsSM provides DM services through three main interventions:

- **Care Management**, which includes a baseline health status assessment, unique monitoring of health status, patient education on health needs and self-assessment, and monitoring patient compliance with self-management protocols. It also provides educational materials and self-management tools to help patients improve their understanding and management of health conditions.
- A **24-Hour Call Line**, which is available to patients seven days a week through a centralized toll-free number (**1-866-836-4008**). Licensed medical professionals staff the telephone line, answer basic medical questions, and assist program patients with referrals.
- **Evidence-based guidelines**, which are used for each condition, and are based on the nationally recognized Health Plan Employer Data and Information Set (HEDIS). The DM program administrator distributes treatment protocols to patients and providers based on these measures and uses these measures to evaluate the effectiveness of the DM program.

Health Management Corporation (HMC) is the DMAS administrator for the Healthy ReturnsSM program. Patients must proactively enroll in Healthy ReturnsSM in order to participate. Providers may be contacted by the HMC nurse consultant regarding a patient's care. As a DMAS contractor, HMC agrees to adhere to DMAS rules and regulations regarding confidentiality and the Health Insurance Portability and Accountability Act (HIPAA). For more information on HMC, go to www.choosehmc.com.

Patients eligible for Healthy ReturnsSM receive an introductory postcard from HMC that describes the program. They also receive a phone call from an HMC nurse consultant who introduces them to the program and conducts an initial assessment. If one of the provider's patients participates in the program, the provider receives a letter describing the program and a **Patient Data Sheet** that identifies the participant and includes information that the patient provided for his/her condition. In addition, the patient should request that the provider complete the **Physician Plan of Care Form** and return it to HMC so that it may assist the provider in supporting the patient's prescribed plan of care. The form can be faxed to HMC at 1-804-354-4655.

If providers would like to speak with one of the nurse consultants or pharmacists in Healthy ReturnsSM, providers can call 1-866-836-4008 toll-free. To review the Healthy ReturnsSM Care Management Program Annual Report (September 2005), go to www.dmas.virginia.gov/downloads/studies_reports/2005-HD90.pdf. The report can be found under the "Studies and Reports" link on the DMAS home page (www.dmas.virginia.gov).

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber information. Go to <http://virginia.fhsc.com> to enroll for access to the system. The MediCall voice response system provides the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which will take you to the "Manuals, Memos and Communications" link. This link opens up a page that contains various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and any manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

- 1-800-786-6273 (Richmond area and out-of-state long distance)
- 1-800-552-8627 (All other areas (in-state, toll-free long distance))

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.